



MIKE ENDSLEY

STATE REPRESENTATIVE • 26TH ASSEMBLY DISTRICT

Representative Mike Endsley
Testimony before the Assembly Committee on Transportation
2011 Assembly Bill 293
October 11, 2011

Chairman and members, I appreciate the opportunity to speak to you today. I am proud to author a bill intended to provide clarification for Wisconsin statutes that describe automobile child restraint requirements. The overall purpose of this bill is to keep children safer when transported in motor vehicles.

According to American Academy of Pediatrics (AAP), motor vehicle crashes are the number one cause of death for children and adolescents ages 1 to 21, Assembly Bill (AB) 293 is designed to increase parental choice in how parents address this alarming statistic. AB 293 would allow parents the opportunity to transport their child in a more protective category of restraint system, if they so choose, rather than the minimum type of restraint system otherwise required.

2005 Act 106 (which was 2005 AB 618) amended Wisconsin statutes relating to child safety restraint systems, safety belt use requirements, and providing a penalty. As a result, the current law notes that the type of restraint system required depends on the age and size of the child, with more protective systems required for younger and smaller children and less protective systems required for older or larger children. For example a child who is:

1. "Less than one year old or who weighs less than 20 pounds must be properly restrained in a rear-facing car seat in the back seat of the vehicle if the vehicle is equipped with a back seat."
2. But then it is noted that when a child is "at least one year old and weighs at least 20 pounds but is less than four years old or weighs less than 40 pounds must be properly restrained in a forward-facing car seat in the back seat of the vehicle if the vehicle is equipped with a back seat."

Unfortunately, the language of this statute would require a child to be turned to a forward-facing seat once the child reaches one year and at least twenty pounds but is less than 4 years old or weighs less than 40 pounds. 2005 Act 106 was not intended to prohibit parents from transporting their children in a restraint system that is safer than the minimum system required by law. AB 293 would correct this oversight so that parents have the option of keeping their child in a rear-facing seat until the child out grows the rear-facing seat and is moved to a forward-facing seat, which is what the AAP recommends.



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The AAP advises that all infants and toddlers should ride in a rear-facing car safety seat until they are 2 years of age or until they reach the highest weight or height allowed by their car safety seat's manufacturer. As parents, we should have the option to keep children in a safer position, in line with current recommendations. Children placed in rear-facing seats until they are 2 are better protected from spinal injuries during a car crash.

This bill was proposed to the Legislature by a Child Passenger Safety Instructor as a solution to language included in 2005 Act 106 that could restrict parents or a caregiver from having the option of keeping their child in a safer position, in line with AAP recommendations. AB 293 is a minor change to current law that would give parents the option of keeping their child in a more protective category of restraint rather than the minimum type of restraint required. I would encourage you to support this legislation so that parents have the choice of the child restraint system necessary to protect their children in motor vehicles that could be more protective than what the law requires.

I would be happy to answer questions at this time.

My name is Joan German. I have been a law enforcement officer for 33 years. I have been a child passenger car seat technician for 12 years, and a CPS instructor for the past nine years. I have always had an interest in keeping children safe while riding in a motor vehicle. In 1991 I developed a child safety program called "The Little Convincer" and that program is now implemented Nationwide. I am privileged to provide numerous safety presentations to both children and their parents in several communities. This is just part of my job. I most often patrol the highways of Wisconsin.

Often while I am on patrol, I see children that are not properly restrained. There is much confusion surrounding the message of how to properly restrain your child in the vehicle. As a child safety advocate, we teach that children should remain in a rear facing position in the vehicle until they outgrow the seat. The law states that children should stay rear facing until they reach one year of age and weigh 20 pounds. The American Academy of Pediatrics (AAP) have also recommended the same, and recently added to that stating that they recommend that children stay rear facing until two years of age. (See attached AAP recommendation). Additionally, the National Highway Traffic Safety Administration (NHTSA) has also released new recommendations regarding how to safely transport children. They concur with the AAP recommendation of keeping a child rear facing until the age of two years.

The law currently **REQUIRES** that parents turn their children from rear facing to forward facing at the age of one year old and 20 pounds. This goes against recommendations from the AAP and NHTSA. SB 208 takes away that restriction, and allows the parent or caregiver to make the choice of keeping their children in the safer and recommended rear facing position for a longer period of time. It does not change the law and require that the child remain rear facing, it simply gives them a clear choice.

The same rationale applies to the forward facing positions in the vehicle. Currently, once a child is 4 years old and 40 pounds, they are **REQUIRED** to move into a booster seat. Again, the current recommendations are that children are safer riding in the harnessed seat as opposed to the booster seat. SB 208 takes away that restriction as well, and, again, allows the parent to make the decision on what is a safer transport.

The same rationale applies to the booster seat. Currently, once a child is either 8 years old, OR 80 pounds, OR four feet nine inches tall, they must be moved to a regular lap and shoulder belt in the vehicle. The AAP and NHTSA recommendations are that children are safer riding in a booster seat until they are four feet nine inches tall.

I do not believe that the intent of the original law was ever to restrict parents or caregivers from making a safer choice for their children. I ask that you pass this bill and give parents that choice.

Car Seat Recommendations for Children



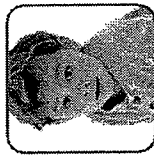
- Select a car seat based on your child's age and size, and choose a seat that fits in your vehicle and use it every time.
- Always refer to your specific car seat manufacturer's instructions; read the vehicle owner's manual on how to install the car seat using the seat belt or LATCH system; and check height and weight limits.
- To maximize safety, keep your child in the car seat for as long as possible, as long as the child fits within the manufacturer's height and weight requirements.
- Keep your child in the back seat at least through age 12.



Birth – 12 months

Your child under age 1 should always ride in a rear-facing car seat.

There are different types of rear-facing car seats: Infant-only seats can only be used rear-facing. Convertible and 3-in-1 car seats typically have higher height and weight limits for the rear-facing position, allowing you to keep your child rear-facing for a longer period of time.



1 – 3 years

Keep your child rear-facing as long as possible. It's the best way to keep him or her safe. Your child should remain in a rear-facing car seat until he or she reaches the top height or weight limit allowed by your car seat's manufacturer. Once your child outgrows the rear-facing car seat, your child is ready to travel in a forward-facing car seat with a harness.



4 – 7 years

Keep your child in a forward-facing car seat with a harness until he or she reaches the top height or weight limit allowed by your car seat's manufacturer. Once your child outgrows the forward-facing car seat with a harness, it's time to travel in a booster seat, but still in the back seat.



8 – 12 years

Keep your child in a booster seat until he or she is big enough to fit in a seat belt properly. For a seat belt to fit properly the lap belt must lie snugly across the upper thighs, not the stomach. The shoulder belt should lie snug across the shoulder and chest and not cross the neck or face. Remember: your child should still ride in the back seat because it's safer there.

AGE

DESCRIPTION (RESTRAINT TYPE)



A **REAR-FACING CAR SEAT** is the best seat for your young child to use. It has a harness and in a crash, cradles and moves with your child to reduce the stress to the child's fragile neck and spinal cord.



A **FORWARD-FACING CAR SEAT** has a harness and tether that limits your child's forward movement during a crash.



A **BOOSTER SEAT** positions the seat belt so that it fits properly over the stronger parts of your child's body.



A **SEAT BELT** should lie across the upper thighs and be snug across the shoulder and chest to restrain the child safely in a crash. It should not rest on the stomach area or across the neck.



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<http://twitter.com/childseatsafety>

March 21, 2011

NHTSA Releases New Child Seat Guidelines

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NHTSA 02-11

Monday, March 21, 2011

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New Age-Focused Guidelines Help Parents Make More Informed Choices

The National Highway Traffic Safety Administration has revised its child restraint guidelines to be categorized by age rather than by type of child seat in order to keep pace with the latest scientific and medical research and the development of new child restraint technologies.

Under the new guidelines, issued today, NHTSA is advising parents and caregivers to keep children in each restraint type, including rear-facing, forward-facing and booster seats, for as long as possible before moving them up to the next type of seat.

For instance, the safety agency recommends using the restraints in the rear-facing position as long as children fit within the height and weight limits of the car seat as established by the manufacturer. The rear-facing position reduces stresses to the neck and spinal cord and is particularly important for growing babies.

NHTSA said that its new guidelines are consistent with the latest advice from the American Academy of Pediatrics, which advises parents to keep kids in rear-facing restraints until two years of age or until they reach the highest weight or height allowed by their car safety seat's manufacturer. There is no need to hurry to transition a child to the next restraint type.

"Safety is our highest priority," said Transportation Secretary Ray LaHood. "The 'best' car seat is the one that fits your child, fits your vehicle and one you will use every time your child is in the car."

NHTSA Administrator David Strickland pointed out that while all car seats sold in the U.S. must meet federal child restraint safety standards, he said, "Selecting the right seat for your child can be a challenge for many parents. NHTSA's new revised guidelines will help consumers pick the appropriate seat for their child."

Administrator Strickland said that parents should also consider other factors when selecting a car seat, including their child's weight, height, physical development and behavioral needs, as well the family's economics and type of vehicle.

Additional recommendations for child seat use from NHTSA include the following:

- Always read child seat manufacturers' instructions and the vehicle owner's manual for important information on height and weight limits and how to install the car seat using the seat belt or the LATCH system.
- All children under 13 should ride in the back seat.
- Children in rear-facing car seats should never ride in front of an active passenger air bag.

>> [View NHTSA's new child restraint guidelines](#)

>> [View NHTSA's Ease-of-Use Ratings for child restraint brands](#)

AAP UPDATES RECOMMENDATION ON CAR SEATS

Children should ride rear-facing to age 2, use a booster until at least age 8

Below is a policy appearing in the April issue of Pediatrics, the peer-reviewed, scientific journal of the American Academy of Pediatrics (AAP).

For Release: Monday, March 21 , 2011 12:01 am (ET)

New advice from the American Academy of Pediatrics (AAP) will change the way many parents buckle up their children for a drive.

In a new policy published in the April 2011 issue of *Pediatrics* (published online March 21), the AAP advises parents to keep their toddlers in rear-facing car seats until age 2, or until they reach the maximum height and weight for their seat. It also advises that most children will need to ride in a belt-positioning booster seat until they have reached 4 feet 9 inches tall and are between 8 and 12 years of age.

The previous policy, from 2002, advised that it is safest for infants and toddlers to ride rear-facing up to the limits of the car seat, but it also cited age 12 months and 20 pounds as a minimum. As a result, many parents turned the seat to face the front of the car when their child celebrated his or her first birthday.

"Parents often look forward to transitioning from one stage to the next, but these transitions should generally be delayed until they're necessary, when the child fully outgrows the limits for his or her current stage," said Dennis Durbin, MD, FAAP, lead author of the policy statement and accompanying technical report.

"A rear-facing child safety seat does a better job of supporting the head, neck and spine of infants and toddlers in a crash, because it distributes the force of the collision over the entire body," Dr. Durbin said. "For larger children, a forward-facing seat with a harness is safer than a booster, and a belt-positioning booster seat provides better protection than a seat belt alone until the seat belt fits correctly."

While the rate of deaths in motor vehicle crashes in children under age 16 has decreased substantially – dropping 45 percent between 1997 and 2009 – it is still the leading cause of death for children ages 4 and older. Counting children and teens up to age 21, there are more than 5,000 deaths each year. Fatalities are just the tip of the iceberg; for every fatality, roughly 18 children are hospitalized and more than 400 are injured seriously enough to require medical treatment.

New research has found children are safer in rear-facing car seats. A 2007 study in the journal *Injury Prevention* showed that children under age 2 are 75 percent less likely to die or be severely injured in a crash if they are riding rear-facing.

"The 'age 2' recommendation is not a deadline, but rather a guideline to help parents decide when to make the transition," Dr. Durbin said. "Smaller children will benefit from remaining rear-facing longer, while other children may reach the maximum height or weight before 2 years of age."

Children should transition from a rear-facing seat to a forward-facing seat with a harness, until they reach the maximum weight or height for that seat. Then a booster will make sure the vehicle's lap-and-shoulder belt fit properly. The shoulder belt should lie across the middle of the chest and shoulder, not near the neck or face. The lap belt should fit low and snug on the hips and upper thighs, not across the belly. Most children will need a booster seat until they have reached 4 feet 9 inches tall and are between 8 and 12 years old.

Children should ride in the rear of a vehicle until they are 13 years old.

Although the Federal Aviation Administration permits children under age 2 to ride on an adult's lap on an airplane, they are best protected by riding in an age- and size-appropriate restraint.

"Children should ride properly restrained on every trip in every type of transportation, on the road or in the air," Dr. Durbin said.

Car Seats Policy

Car Seat Technical Report

A car seat guide for parents is available at www.healthychildren.org/carseatguide

The American Academy of Pediatrics is an organization of 60,000 primary care pediatricians, pediatric medical subspecialists and pediatric surgical specialists dedicated to the health, safety and well being of infants, children, adolescents and young adults.